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**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/030644  
 APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		8			
TOTAL DEP.		5		21		
TOTAL CLAIMS	3	5	8	21		

	IND.		DEP.		IND.		DEP.	
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